

(See back of sheet for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DMIC	69169	10/17/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓	Rejected	N .....	Non-elected
=	Allowed	I .....	Interference
-	(Through numeral)... Canceled	A .....	Appeal
÷	Restricted	O .....	Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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